

## Application Data Sheet

### **Application Information**

Application number::

Filing Date::

Application Type::

Continuation-in-Part

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?

Title::

Clamp Connection and Release Device

Attorney Docket Number::

1131-102.US

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

1

Total Drawing Sheets::

7

Small Entity::

Yes

Petition included?::

Secrecy Order in Parent Appl.?::

### **Applicant Information**

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

Dennis

Middle Name::

Family Name::

Janovici

City of Residence::

Venice

State or Province of Residence::

California

Country of Residence:: US  
Street of mailing address:: 1023 Pleasant View Avenue  
City of mailing address:: Venice  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 90291

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Anthony  
Middle Name::  
Family Name:: Zahn, Jr.  
City of Residence:: Henderson  
State or Province of Residence:: Nevada  
Country of Residence:: US  
Street of mailing address:: 1021 Gladiola Way  
City of mailing address:: Henderson  
State or Province of mailing address:: NV  
Postal or Zip Code of mailing address:: 89015

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name::  
Family Name:: White  
City of Residence:: Henderson  
State or Province of Residence:: NV  
Country of Residence:: US

Street of mailing address:: 588 Kennerly Street  
City of mailing address:: Henderson  
State or Province of mailing address:: NV  
Postal or Zip Code of mailing address:: 89015

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Matt  
Middle Name::  
Family Name:: Sweeney  
City of Residence:: Studio City  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 11561 Kelsey Street  
City of mailing address:: Studio City  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 91604

### **Correspondence Information**

Name:: Colin P. Abrahams  
Street of mailing address:: 5850 Canoga Avenue, Suite 400  
City of mailing address:: Woodland Hills  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 91367  
Telephone:: (818)710-2788  
Fax:: (818)710-2798  
E-Mail address:: cabrahams@earthlink.net

**Representative Information**

Representative Designation::	Registration number::	Name::
Primary	32393	Colin P. Abrahams

Representative Customer Number::	023390
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**Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	continuation in part	09/894,930	06/28/01

**Foreign Priority Information**


**Assignment Information**

Assignee name::